

→ INSERT DISTRICT LETTERHEAD ←
Letter to Social Security Office

Dear Social Security Official:

Federal regulations require all school food authorities participating in the National School Lunch/Breakfast Programs to verify a percentage of the free and reduced price meal applications annually. The following individual has been selected as part of the verification process. Please indicate if this individual is currently receiving Social Security Benefits.

This statement is to confirm that _____ received the following Social Security
NAME OF CLAIMANT
Income \$ _____ or SSI \$ _____ for the month of _____.
MONTH

Your response may be faxed to _____ at _____. If you have
NAME FAX NUMBER
any questions or need additional information, please contact me at the following telephone
number _____.
PHONE NUMBER

Sincerely,

SIGNATURE OF VERIFYING OFFICIAL

DATE

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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